

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**35665**  
 Do not use this space.

**NOV 15 1937**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **6006 Washington** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Harry Louis Inger

(a) Residence, No. 6006 Washington St. **5**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 10, 1899**  
 AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**37 10 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Office Clerk**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Clay Products**  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
 (STATE OR COUNTRY) **Missouri**

13. NAME **Harris Inger**

14. BIRTHPLACE (CITY OR TOWN) **Poland**  
 (STATE OR COUNTRY)

15. MAIDEN NAME **Esther Greenstein**

16. BIRTHPLACE (CITY OR TOWN) **Poland**  
 (STATE OR COUNTRY)

17. INFORMANT **Jacob Inger**  
 (ADDRESS) **6255 Cabanne**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Chesed Shel Emeth** DATE **10/ 3 1937**

19. FUNERAL DIRECTOR **W. B. Inger**  
 (ADDRESS) **715 Michigan**

20. FILED **OCT 2 1937**  
**J. B. Beck**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/1 1937**

22. I HEREBY CERTIFY, That I attended deceased from: ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **12:15** Am.

The principal cause of death and related causes of importance were as follows:

Date of onset  
**Coronary Occlusion**  
**946**  
 Other contributory causes of importance:  
**terminal Emphysema**  
**non - J. B.**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) **Alfred J. Perry**  
 (Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

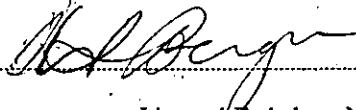
I, Herbert I. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 1597

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**